



PLEASE TYPE OR PRINT IN INK. YOUR APPLICATION MUST BE COMPLETED IN ITS ENTIRETY.

IDENTIFICATION

NAME (LAST, FIRST, MIDDLE)			SOCIAL SECURITY NUMBER		
			- -		
PRESENT MAILING ADDRESS (STREET AND NUMBER OR RFD)			HOME TELEPHONE NUMBER		OTHER TELEPHONE NUMBER
CITY	STATE	ZIP CODE	E-MAIL ADDRESS		
OTHER NAMES USED			ARE YOU AUTHORIZED TO WORK IN THE U.S.?		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		

POSITIONS (JOB TITLES) FOR WHICH YOU ARE APPLYING

Some examples of job titles are Corrections Officer I, Account Clerk II, and Park Ranger. Applications without job titles will be returned.

a
b
c
d
e

AVAILABILITY

Check one or more of the following. NOTE: Temporary positions may not exceed 6-months employment in a 12-month period.

☐ FULL-TIME ☐ PART-TIME ☐ TEMPORARY ☐ SUMMER

CRIMINAL BACKGROUND

HAVE YOU EVER BEEN CONVICTED OF A CRIME (OTHER THAN TRAFFIC VIOLATIONS)?

☐ YES ☐ NO

Conviction of a violation of the law is not an automatic bar to employment. The State of Missouri, for employment purposes, regards the suspended imposition of a sentence as a conviction.

EDUCATION (IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES.)

HIGH SCHOOL OR GENERAL EDUCATION DEVELOPMENT (GED)

HAVE YOU EARNED A HIGH SCHOOL DIPLOMA OR G.E.D. CERTIFICATE?	CIRCLE HIGHEST GRADE COMPLETED
<input type="checkbox"/> YES <input type="checkbox"/> NO	1 2 3 4 5 6 7 8 9 10 11 12

HIGH SCHOOL COURSE RECORD: Indicate number of years of specialized high school courses completed.

Biology	_____	Computer Applications	_____	Industrial Arts/Shop	_____	Recreation/Physical Ed	_____
Bookkeeping	_____	Arts and Crafts	_____	Music	_____	Stenography	_____
Chemistry/Physics	_____	Home Economics	_____	Organized Athletics	_____	Typing/Keyboarding	_____

VOCATIONAL, TECHNICAL, MILITARY, OR TRADE SCHOOL

NAME AND LOCATION	CREDITS EARNED		TRAINING AREA	CERTIFICATE TYPE	DATE RECEIVED	
	CLOCK HOURS	OTHER (Specify Type)			MO	YEAR

COLLEGE EDUCATION: COPY OF OFFICIAL TRANSCRIPTS MUST BE ATTACHED

NAME AND LOCATION	CREDITS EARNED		MAJOR/MINOR	DEGREE TYPE	DATE RECEIVED	
	QUARTER HOURS	SEMESTER HOURS			MO	YEAR

INTERNSHIPS AND/OR PRACTICUMS									
SPONSORING COLLEGE, UNIVERSITY OR BUSINESS		OCCUPATIONAL AREA/FIELD OF INTERNSHIP OR PRACTICUM		DATES FROM/TO	HOURS PER WEEK	TOTAL WEEKS	COLLEGE CREDIT		PAID
							<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
							<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
							<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
							<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
CERTIFICATES/LICENSES: COPY OF CERTIFICATE/LICENSE MUST BE ATTACHED									
If you are currently certified, registered, or licensed to practice a profession or occupation, provide the following:									
LICENSE/CERTIFICATE ISSUED BY		FIELD/TRADE/ SPECIALIZATION		LICENSE/CERTIFICATE NUMBER		DATE OF ISSUE		EXPIRATION DATE	
EXPERIENCE RECORD (PAID AND VOLUNTEER)									
<ul style="list-style-type: none">List your work experience, starting with the most recent. If you have held more than one job or position level (including promotions) with the same organization or state agency, list each separately. The information you provide in the “Duties” section is used to determine your qualifications. Incomplete descriptions will impact eligibility determinations and ratings. You must show the percent of time spent for each job duty.To describe additional experience or add more detail to the “Duties” section, complete and attach a sheet of paper using the same format as used here and identify the job to which it relates. A RESUME MAY NOT BE SUBSTITUTED FOR INFORMATION REQUESTED BELOW.									
EMPLOYER’S NAME			%	DUTIES (Show % of time spent on each duty in column at left.)					
EMPLOYER’S ADDRESS (STREET, CITY AND STATE)									
TYPE OF BUSINESS		YOUR JOB TITLE							
FROM: MO/YR		TO: MO/YR							
HOURS PER WEEK		LAST MO. SALARY							
SUPERVISOR’S NAME AND TITLE		TELEPHONE							
REASON FOR LEAVING			TOTAL 100%	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICÆ THE NUMBER AND TYPE OF WORK PERFORMED					
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO									
EMPLOYER’S NAME			%	DUTIES (Show % of time spent on each duty in column at left.)					
EMPLOYER’S ADDRESS (STREET, CITY AND STATE)									
TYPE OF BUSINESS		YOUR JOB TITLE							
FROM: MO/YR		TO: MO/YR							
HOURS PER WEEK		LAST MO. SALARY							
SUPERVISOR’S NAME AND TITLE		TELEPHONE							
REASON FOR LEAVING			TOTAL 100%	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICÆ THE NUMBER AND TYPE OF WORK PERFORMED					
MAY WE CONTACT YOUR SUPERVISOR? <input type="checkbox"/> YES <input type="checkbox"/> NO									

EXPERIENCE RECORD (CONTINUED)

EMPLOYER'S NAME		%	DUTIES (Show % of time spent on each duty in column at left.)
EMPLOYER'S ADDRESS (STREET, CITY AND STATE)			
TYPE OF BUSINESS	YOUR JOB TITLE		
FROM: MO/YR	TO: MO/YR		
HOURS PER WEEK	LAST MO. SALARY		
SUPERVISOR'S NAME AND TITLE		TELEPHONE	
REASON FOR LEAVING		TOTAL 100%	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICÆ THE NUMBER AND TYPE OF WORK PERFORMED

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SKILLS

WHAT TOOLS, EQUIPMENT AND/OR SOFTWARE CAN YOU USE PROFICIENTLY?

APPLICANT CERTIFICATION AND AUTHORIZATION

- I hereby certify that this application contains no known misrepresentation or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose any such misrepresentation or falsification as to a material fact, my application will be rejected or if selected, I may be dismissed.
- I authorize any law enforcement agency, or the Department of Revenue or other motor vehicle regulatory agency to allow any authorized representative of the State of Missouri to examine, copy or receive any records pertaining to me regarding convictions or driving record. I authorize the Department of Revenue to verify compliance with 105.262 RSMo at the request of an authorized representative of the State of Missouri.
- By authorizing the above, I agree to hold harmless any individual, partnership, corporation, educational institution, or agency, its officers, agents and employees from any liability for any damage whatsoever for issuing such information.

SIGNATURE	DATE
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RETURN TO

MISSOURI DEPARTMENT OF INSURANCE
ROOM 530 TRUMAN BUILDING
P.O. Box 690
Jefferson City, MO 65102-0690
E-mail Address: mdijobsinsurance.mo.gov
Telephone: (573) 751-6798
FAX: (573) 526-4839
Web Address: www.insurance.mo.gov